



# ADATSA REQUEST FOR EXCEPTION TO CONTRACT

FILL IN ALL THAT APPLY - PLEASE PRINT OR TYPE

☐ Exception To Contract

**PART 1: (TREATMENT AGENCY TO COMPLETE THIS SECTION TWO WEEKS PRIOR TO CLIENT'S DISCHARGE DATE)**

CLIENT'S NAME	ACES AU IDENTIFICATION NUMBER	REFERRING ASSESSMENT ENTITY
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A. Exception requested from: date began \_\_\_\_\_ to \_\_\_\_\_ end date

B. Describe the client's current situation (e.g. current treatment):

C. Describe your clinical goal, in ASAM terms, for this client:

D. On what basis do you believe an exception is justified for this client?

E. Describe other options if exception is not approved (be specific):

F. How will granting this request help this client achieve the above stated clinical goal(s)?

G. Additional information to support your request:

NAME	TITLE	
AGENCY	TELEPHONE NUMBER	DATE

ADATSA REQUEST FOR EXCEPTION TO CONTRACT

**PART 2: (DASA REGIONAL TREATMENT MANAGERS TO COMPLETE THIS SECTION)**

A. ADATSA TREATMENT HISTORY

1. Client has been receiving ADATSA since \_\_\_\_\_ as follows:

TYPE OF TREATMENT	FROM (DATE)	TO (DATE)

2. ADATSA treatment eligibility time remaining: \_\_\_\_\_ days (up to but not including this exception request)

B. REGIONAL TREATMENT MANAGER ACTION

☐ Exception request not endorsed. Explain:

☐ Exception request is approved as written. Provider to be notified. Final copy to DASA file. Explain:

☐ Provider to be notified that the Exception to Contract is approved with the following modifications:

REGIONAL TREATMENT MANAGER (PRINT NAME HERE)		SIGNATURE
TELEPHONE NUMBER	DATE	